



# Town of Miami Lakes

15150 NW 79th CT  
Miami Lakes, Florida 33014  
Phone: 305.827.4015 • Fax: 305.558.9884  
www.miamilakes-fl.gov

**BUILDING**  
DEPARTMENT

## CERTIFICATE OF COMPLETION APPLICATION (C.C)

Date: \_\_\_\_\_ Folio#: 32- \_\_\_\_\_

Master Building Permit #: \_\_\_\_\_ Square Footage of Space: \_\_\_\_\_

Miami-Dade Municipal Process#: \_\_\_\_\_ Miami-Dade Municipal Permit#: \_\_\_\_\_

Contracting Company: \_\_\_\_\_

Owner/Tenant: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Street Address: \_\_\_\_\_

Signature of applicant verifies the above information is true and correct. The Temporary Certificate of Completion is issued to the above named for building at the above location only upon the express provisions that the applicant will be able by and comply with all conditions of the Zoning ordinances and all ordinances of the Town of Miami Lakes and/or Florida Building Code pertaining to erection, construction or remodeling of buildings or structures. This also certifies that the electrical wiring and or equipment, and the plumbing work has been inspected and approved.

\_\_\_\_\_  
Print Name of Applicant or Qualifier

\_\_\_\_\_  
Signature of Applicant or Qualifier

## FOR OFFICE USE ONLY

C.C. Number: \_\_\_\_\_ Fee: \_\_\_\_\_

Base Flood: \_\_\_\_\_ Technology Fee: \_\_\_\_\_

Lowest Floor Elevation: \_\_\_\_\_ Total: \_\_\_\_\_

Remarks: \_\_\_\_\_

Building Official/Designee: \_\_\_\_\_

### Inspections:

Zoning	Yes/No	Plumbing	Yes/No
Building	Yes/No	Fire Sprinkler	Yes/No
Electrical	Yes/No	Fire	Yes/No
Mechanical	Yes/No		